


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000029963</b>			
1. Entity Name <b>INFOSEC LATIN AMERICA, INC.</b>			
Principal Place of Business 1900 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309		Mailing Address 1900 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	
2. Principal Place of Business <b>3260 NW 23 AV.</b>		3. Mailing Address <b>3260 NW 23 AV.</b>	
Suite, Apt. #, etc. <b>SUITE 1200 E</b>		Suite, Apt. #, etc. <b>SUITE 1200 E</b>	
City & State <b>POMPANO BEACH, FL</b>		City & State <b>POMPANO BEACH, FL</b>	
Zip <b>33069</b>	Country <b>USA</b>	Zip <b>33069</b>	Country <b>USA</b>
4. FEI Number <b>85-1010139</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSTOS, ENNO 3260 NW 23 AV. SUITE 1200E POMPANO BEACH, FL 33069</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Enno Bustos</i></u> DATE: <u>3/12/2003</u> <small>Signature, typed or printed name of registered agent and title (required). (MORE Registered Agent signatures required when filing.)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>LEAL, LUIS 1117 NW 97 DRIVE CORAL SPRINGS, FL 33071</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>BUSTOS, ENNO 1913 ST TROPEZ CIRCLE 1511 WEBSTON, FL 33326</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee authorized to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 9) or Block 11) changed, or on an attachment with an address, with-alter-like empowered.			
SIGNATURE: <u><i>Enno Bustos</i></u> <b>ENNO BUSTOS</b>		DATE: <u>3/12/2003</u> <b>(954)979-5510</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR/RS/34 (10/02)